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| FROM | Michael G. Johnston |
| DATE | March 3, 2006 |
| TIME | |

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| | | | |
|-----------------------------|---------------|-------------|------|
| PAGES INCLUDING COVER SHEET | 4 | USER NUMBER | 8308 |
| CLIENT/MATTER | 040665-000009 | | |

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Remarks:

Application No.: 10/816,283
Filing Date: April 1, 2004
First Named Inventor: Robert James Johnson
Attorney Docket: 040665-000009

CERTIFICATE OF FACSIMILE MAILING

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Laura M. McCullen
Laura M. McCullen

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PTO/SB/21 (09-04)

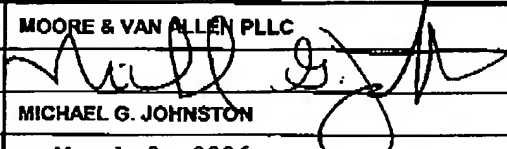
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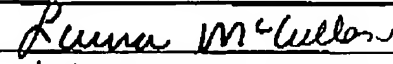
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| | | |
|---|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/816,283 |
| | Filing Date | April 1, 2004 |
| | First Named Inventor | Robert James Johnson |
| | Art Unit | 3751 |
| | Examiner Name | FETSUGA, ROBERT M |
| | Attorney Docket Number | 040665-000009 |
| Total Number of Pages in This Submission | | 3 |

| ENCLOSURES (check all that apply) | | |
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| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | MOORE & VAN ALLEN PLLC | | |
| Signature |  | | |
| Printed Name | MICHAEL G. JOHNSTON | | |
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| | |
|------------------------|----------------------|
| Application Number | 10/816,283 |
| Filing Date | April 1, 2004 |
| First Named Inventor | Robert James Johnson |
| Art Unit | 3751 |
| Examiner Name | FETSUGA, ROBERT M |
| Attorney Docket Number | 040665-000009 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24,239

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

24,239

OR

☐ Firm or
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 Address **PO Box 13706
430 Davis Drive**

 City **Research Triangle Park** State **NC** Zip **27709**
Country **US**Telephone **919-286-8000**

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature

Name

Jeff Rosenberg

Assistant Secretary

Date

February 1, 2006

Telephone (678) 746-2556

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

☒ *Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Robert James Johnson

Application No./Patent No.: 10/816,283

Filed/Issue Date: April 1, 2004

Entitled: Emergency Eye Wash System

ENCON Safety Products Inc., a
(Name of Assignee)

Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014790, Frame 0584, or for which a copy thereof is attached.

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

February 1, 2006

Date

Assistant Secretary

Telephone number

(678) 746-2556

Title

Jeff Rosenberg
Typed or printed name
[Signature]
Signature

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